Acct. No
Category No

## City of North Little Rock City Clerk & Collector

## **APPLICATION FOR A BUSINESS LICENSE**

Please Mail Application and Fees to:
City of North Little Rock
Business License Office
P.O. Box 5757
North Little Rock, AR 72119
(501) 975-8833

Date,						
New Business Ownership Cha	nge Name Chang	ge Address Change Relocation				
Name of Business						
Address		DL#				
Business Telephone Number		Zip Code				
Business started: Month	Year	Number of employees				
Owner's Name (Please Print)						
Is the proposed use different from the p	revious use or occup	ancy? Yes No				
Description of business operation:	RTH LITTL	EROCK				
Business property: Owned or Leased?  Mailing address if different than busine						
City	State	Zip Code				
Owner/Highest Officer's Home Address:						
City	State	Zip code				
Owner/Highest Officer's Home Teleph	one Number					
If owner is a corporation provide inform	nation about two higl	hest officers:				
Name	Title					
Home Telephone Number						

Name	Title		
Home Telephone Number			
Previous business location	n Address (if applicable): _		
City	State	Zip code	
Do you store flammable o	r explosive material?	Yes	No
Are you currently involve	d with or do you plan any o	construction or ren	nodeling at this location?
Yes	No		
	T OR MISREPRESENTA ID AND CONSTITUTE I		AKE THE LICENSE NULL AND F PAID FEE.
•	nventory add the highest ar n the initial year of operati		of beginning inventory.
multiply the remaining an	nount of inventory by 0.1 p	ercent. An alterna	and subtract \$25,000.00 then ative calculation is <b>\$1.00 for each</b> 0.00 in addition to the variable fee
Average Inventory Amount	nt \$	Amount of Tax	Due \$
	es of perjury that this retur e and are to the best of my	knowledge and be	
Signed	zed Representative		
Owner of Authori	zeu Kepiesentanve		